

ENVIRONMENTAL RISKS (Continued)

Long-term health risks

Consumption of food or water contaminated with toxic metals or pesticides

HAZARDOUS ANIMALS AND PLANTS

Venomous Snakes – Burrowing asps, vipers, cobras, and black snakes are present country-wide; some have lethal venom, while others can spit venom causing blindness. If bitten, seek urgent medical attention, and wash venom from eyes immediately!

Prevention – Do not handle *any* snake. Never walk barefoot.

Large Reptiles – Nile crocodiles are considered man-eaters; monitor lizards are aggressive and have powerful bites. Seek medical attention if bitten.

Prevention – Do not approach or disturb these reptiles. Use caution around river shorelines.

Scorpions and Spiders - Scorpions are numerous country-wide; some have potentially lethal venom. Yellow sac, widow, and recluse spider bites can be very painful and cause serious skin damage. Seek medical attention if bitten/stung.

Prevention – Shake out boots/bedding/clothing prior to use; never walk barefoot; avoid sleeping on the ground; use caution when entering bunkers or abandoned buildings.

Centipedes, Millipedes, Solifugids, Bees, Ants, Wasps, Blister/Bombadier/Rove Beetles, and Urticating Caterpillars – None with deadly venom but some with stinging hairs; others can inflict painful bites, stings, or secrete fluids that can blister the skin. Seek medical attention if bitten or stung.

Prevention – Shake out boots/bedding/clothing prior to use; never walk barefoot; avoid sleeping on the ground.

Marine Animals – Venomous rays, fish, starfish, shellfish, jellyfish, anemones, sea nettles/urchins in coastal waters. Seek medical attention if stung/bitten.

Prevention – Swim at approved beaches; do not handle.

Hazardous Plants – Thorny plants that can puncture skin, produce rashes, and/or cause infections are numerous country-wide; burning some plants can cause skin rashes and lung damage; some plants cause abnormal behavior/poisoning if chewed/eaten.

HAZARDOUS ANIMALS AND PLANTS (Continued)

Seek medical attention if injured or poisoned from plants. **Prevention** – Do not touch, chew, eat, or burn unfamiliar plants; use clothing as a protective barrier for skin; wash contaminated skin/clothing after contact.

HIGH ELEVATIONS

Operations at 6,000 feet can impact unit and individual effectiveness.

Signs of **altitude sickness**: headache, nausea, vomiting, dizziness, fatigue, irritability, coughing

Acclimatization:

- **Staged Ascent** – Ascend to moderate altitude (5,000–8,000 feet) and remain there for 3 days before ascending higher.
- **Graded Ascent** – Limit daily altitude to allow partial acclimatization. Spend 2 nights at 9,000 feet and limit to no more than 1,000 feet per day above each night's sleep.

Treatment – The preferred method to treat any high altitude illness is to evacuate the individual to a lower altitude. See GTA 08-05-060, *A Soldier's Guide to Staying Healthy at High Elevations*.

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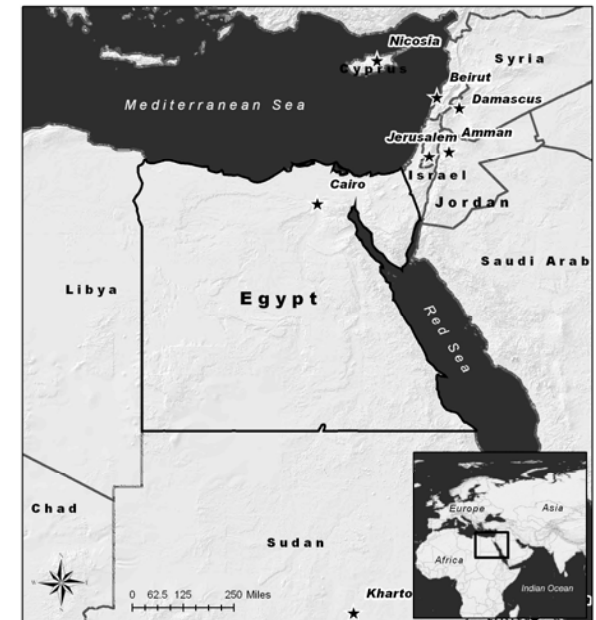
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DEPLOYMENT HEALTH GUIDE: EGYPT



This country-specific guide should be used in conjunction with [GTA 08-05-062, *Guide to Staying Healthy*](#), and is intended to provide information that can help reduce your risk of Disease and Non-battle Injuries (DNBI) when deployed. This health threat and countermeasure information is based on the most current data available from U.S. Department of Defense medical agencies at the time of production. In addition to the information in this guide, you should also receive force health protection, health threat, and preventive medicine countermeasures training/briefings prior to and, as required, throughout the length of your deployment.

EGYPT OVERVIEW

Location – Egypt is located in north Africa, bordering the Mediterranean Sea, between Libya and the Gaza Strip and the Red Sea north of Sudan. Egypt includes the Asian Sinai Peninsula. It is about three times the size of New Mexico.

Climate – Mediterranean coastal temperature averages 86° F in the summer and varies between 50 and 75° F in the winter. Desert summer temperatures can reach 120° F in the summer and drop down to 33° F in the winter.

Rainfall – Average rainfall is approximately 8 inches in the northern coastal areas and approximately 4 inches in Southern Egypt and the Sinai.

Terrain – The western desert is an arid region consisting of salt marshes and vast rolling, shifting sand dunes that make up 68 percent of Egypt's land area. The Nile Valley and delta separate the eastern and western deserts. The Sinai Peninsula consists of low-lying sandy plains and a plateau with broken highlands rising to 8500 feet.

Forces of Nature – Airborne dust and sand, droughts, earthquakes, flash floods and landslides

RISK ASSESSMENT

Egypt is at **INTERMEDIATE RISK*** for infectious diseases. Without force health protection measures, mission effectiveness will be adversely impacted.

*Based on a combination of all major infectious diseases that occur in a country, the Armed Forces Medical Intelligence Center (AFMIC) assigns an **overall country risk level** of low, intermediate, high, or very high risk, as compared to other countries.

INFECTIOUS DISEASES

Food-borne and Water-borne Diseases

Consuming contaminated food, water, or ice

Diarrhea, bacterial – An attack rate of more than 50 percent a month could occur if local food, water or ice is consumed.

- Threat year-round; countrywide
- Symptoms – loose, watery or explosive bowel movements
- Recovery of 1–3 days with antibiotics

Hepatitis A – An attack rate of less than 1 percent a month could occur among unvaccinated personnel consuming local food, water or ice.

- Threat year-round; countrywide
- Symptoms – none to flu-like illness

Food-borne and Water-borne Diseases (Continued)

- Severe, 1–4 weeks recovery, sometimes initially requiring hospitalization

Typhoid/Paratyphoid fever – An attack rate of less than 1 percent a month could occur among unvaccinated personnel consuming local food, water or ice.

- Threat year-round; countrywide; risk is elevated during warmer months (May–October).
- Symptoms – fever, constipation, headache
- Hospitalization of 1–7 days

Prevention: Consume only U.S. military-approved food, water, ice; **hepatitis A vaccine** and/or **typhoid vaccine**, if directed by medical authority.

Vector-borne Diseases

Rift Valley fever - Sporadic cases, with epidemic potential involving a significant number

- Threat year-round; greatest after heavy rainfall; primarily rural areas in the southwestern region
- Symptoms – mild to severe; fever, back pain, extreme weight loss; eye or brain inflammation; hemorrhaging, shock, coma, death
- Transmission – day- and night-biting mosquitoes
- Hospitalization of 1-7 days; can be fatal

Others: Rare, small, or unknown number of cases possible; some may have very severe outcomes: **Boutonneuse fever** (tick-borne); **Crimean-Congo hemorrhagic fever** (tick-borne); **leishmaniasis** (cutaneous and visceral, sand fly-borne); **malaria** (mosquito-borne); **sandfly fever** (sand fly-borne); Sindbis (Ockelbo) virus (mosquito-borne); **typhus** (murine typhus, flea-borne); **West Nile fever** (mosquito-borne).

Prevention: **DEET on exposed skin; permethrin-treated uniforms; permethrin-treated bed nets; malaria prevention pills if prescribed (critical)**

Animal Contact Diseases

Rabies – Exposure to virus-laden saliva of an infected animal through a bite, scratch, or breathing airborne droplets; risk is well above U.S. levels.

- Threat year-round; countrywide
- Initial symptoms – pain, tingling, or itching from bite site, chills, fever, muscle aches
- Death likely in the absence of post-exposure prophylaxis

Prevention – Avoid all animals; if scratched or bitten, seek medical attention immediately. Get pre- and/or

Animal Contact Diseases (Continued)

post-exposure vaccinations if prescribed by medical authority.

Others: **Q fever, Anthrax**

Respiratory Diseases

Tuberculosis – Breathing contaminated air droplets from other people (coughing/sneezing)

- Highest threat from prolonged close contact with local populations
- Threat year-round; countrywide
- Symptoms – none to cough, chest pain, breathlessness, night sweats
- Severe illness or death if not treated

Prevention – Avoid close contact with local populations; early detection/treatment reduces severity.

Others: **Meningococcal meningitis**

Sexually Transmitted Diseases

Gonorrhea/Chlamydia – Unprotected sexual contact with infected person; a high number of cases are possible.

- Threat year-round; countrywide
- Symptoms (in men) – None to burning sensation when urinating or discharge
- Symptoms (in women) – None to burning when urinating to increased vaginal discharge
- Mild; outpatient treatment

Prevention: Abstinence; latex condoms; not sharing needles

Others: **HIV/AIDS, hepatitis B**

Water Contact Diseases

Schistosomiasis– Wading or swimming in fecally contaminated water. An attack rate of less than 1 percent a month could occur.

- Threat year-round
- Symptoms – fever, chills, nausea
- Hospitalization of 1-7 days

Prevention: Do not swim/wade in unapproved water; wash skin and clothing after exposure to freshwater streams/ponds.

ENVIRONMENTAL RISKS

Short-term health risks

- Food or water contaminated with raw sewage
- Extreme heat, high altitude and airborne dust and sand